

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A MULTI-CELL BATTERY CHARGE CONTROL

the specification of which is attached hereto unless the following is entered:

was filed on	as United States Application Number or PCT International Application Number	And was amended on (if applicabl)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 USC §119(a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Application Number	Country	Filing Date (day/month/year)	Priority Not Claimed
None			

PROVISIONAL APPLICATION(S)

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under 35 USC §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number	Filing Date	Status (patented, pending, abandoned)

POWER OF ATTORNEY

Sumeet Magoon (Reg. No. 43,769) of KENYON & KENYON with offices located at 1500 K Street, N.W. Washington, D.C., 20005, telephon (202) 220-4274 and all other practitioners identified at:

customer number 23,838,
customer number 25,693, and
customer number 26,646,

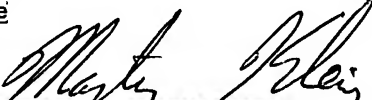
with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (Cont.)

Direct tel phone calls t : John C. Altmiller, Esq. Sumeet Magoon, Esq. (202) 220-4200	Send correspond nc to: KENYON & KENYON 1500 K Street, NW, Suite 700 Washington, DC 20005-1257
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I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SECOND/JOINT INVENTOR	FAMILY NAME KLEIN	FIRST GIVEN NAME Martin	SECOND GIVEN NAME G.
RESIDENCE & CITIZENSHIP	CITY Brookfield	STATE OR FOREIGN COUNTRY Connecticut	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	POST OFFICE ADDRESS 19 Hillandale Road	CITY Brookfield	STATE & ZIP CODE/COUNTRY Connecticut 06804

<u>Signature</u> 	<u>Date</u> <p style="font-size: 1.2em; text-align: center;">10 - 7 - 03</p>
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FULL NAME OF THIRD/JOINT INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

<u>Signature</u>	<u>Date</u>
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FULL NAME OF THIRD/JOINT INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

<u>Signature</u>	<u>Date</u>
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